## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

10/04036
Application or Docket Number

J.S.T.L.V.E.R. ODI C.P.I.

(Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		l
TOTAL CLAIMS			44					RATE	FEE		RATE	FEE	i
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			44 minus 20=		• 24			X\$ 9=	216	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		2			X42=	84	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PR	RESENT					+140=	27	OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" i			olumn 2	Į	TOTAL	670	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colu		(Column 3)	<b>a</b> .	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 82	Minus	** 3	8	= 44		X\$ 9=	8/60	D OR	X\$18=		-
	Independent	* 5	Minus	###	5 CLAIM	<b>7</b>		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
 										OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE		•	ADOI1. FEE.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 54	Minus	** F	}_	- /		X\$ 9=		OR	X\$18=		
	Independent	• 5	Minus	AAA	5			X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		J	+140=			+280=		ı
								TOTAL		OR	TOTAL		
										OR	ADDIT. FEE		4
<b>-</b>	<del></del>	(Column 1) CLAIMS	<u> </u>	(Colui		(Column 3)	n .						
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOR	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<b>⇒</b> .		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR			
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THE	S SPACE i	s less tha	n 20, enter "20.	. ,	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		nber Previously Pai					er fou	nd in the app	propriate box	in col	umn 1.		